

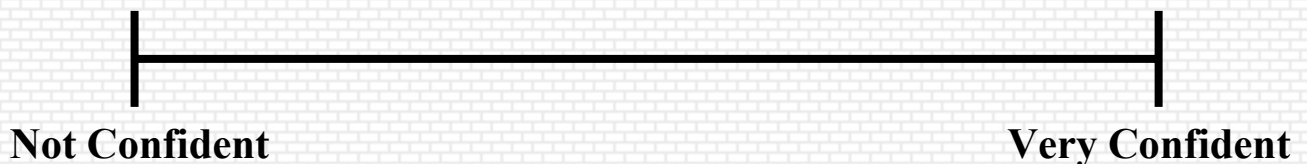
SELF EVALUATION

Tobacco Use & Quitting

Please mark the spot that reflects how *important* it is for you to change your tobacco use.



Please mark the point that reflects how *confident* you are that you can change your tobacco usage.



On the following scale, which point best describes how ready you are at this time to change your tobacco habit?

